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KEEP WARM!

POPULAR HINTS

FOR

**Preservation from Colds,
COUGHS, AND CONSUMPTION.**

WITH INFORMATION UPON

**SOME POINTS OF GERMAN PRACTICE IN
THE TREATMENT OF SUCH CASES.**

BY

SIR GEO. LEFEVRE, M.D.

PELLOW OF THE ROYAL COLLEGE OF PHYSICIANS IN
LONDON, ETC. ETC.

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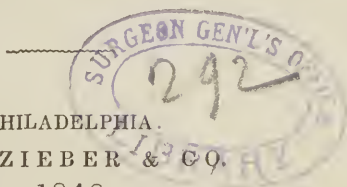
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P R E F A C E .

The first part of this Essay was published in the "Lancet," and reprinted subsequently in the form of a pamphlet, upon my return to England in 1842

As the edition is exhausted, I have been induced to republish it in an enlarged form, having made some additions of a practical nature, which may not be wholly devoid of utility in a precautionary sense to those afflicted with pectoral disorders.

I have touched upon some few points of German practice in the treatment of such cases, which I think deserving of consideration.

2 Porchester Place, Oxford Square,

Nov. 1843.

ADVANTAGES OF THERMAL COMFORT.

CHAPTER I.

PREVENTIVE INFLUENCE OF CHAMBER WARMTH.

SEVERAL species of consumption have been recognized by pathologists. A certain number of these are hereditary, others are acquired ; of which latter, some may be attributed to accident, some to negligence. The hereditary is the most frequent, the most inveterate, and the least curable ; but it may be often warded off, and often mitigated, by the same means, that are preventive of aggravation.

With respect to the medical treatment of all the species I have little to offer ; and I wish, only, by a few general hints, to diminish the causes of this desolating malady throughout the British isles. The subject of the attempt will be chiefly included under the heads of CHAMBER WARMTH and PROTECTING RAIMENT. Let us hope that the experience derived through the accident of location in a northern latitude, may serve to impress upon the British public

the advantages that are derivable from the precautionary measures, which may be employed against cold, and its various modes of producing bronchial disease. During a short sojourn in England, only two years ago, I was startled at the frequency of this complaint. In country practice I found that the proportion was nearly as great as in large towns; and on going the rounds with an old fellow-student, with whom I spent a few days in Bedfordshire, I found that about every fifth case of disease was a consumptive one, either tuberculous, apoplectic, or mucous. Here an interesting girl of eighteen; there a patient with an abundant expectoration from abscesses; and a third with lungs worn out by coughing, from neglected colds. The term *rhume neglige* is most common in France.

A late writer on the treatment of phthisis congratulates his patients upon the accession of catarrhs, as becoming the cause of a curative, or suspending process. Of this I have known instances. The idea is not new, but those patients who need not such a species of cure are more worthy of congratulation.

The late Dr. Young, in his philosophical work on Consumption, has stated its duration to vary from six weeks to forty years. There is no exaggeration in this statement. Let us only inquire what has prolonged the disease thus almost indefinitely,—I answer, WARMTH.

Lucus a non lucendo—icing the poles—I preach *warmth* to the inhabitants of the *temperate* zones. A few well-known facts put the sanatory opera-

tion of warmth beyond doubt. It has been observed, that consumptive patients, confined even to their beds, and in an equable temperature, will detect, by their feelings, any variation in the thermometric scale, such as could not be recognised by a healthy person, living in the same room, or perhaps sleeping in the same bed. Its effects are an increase of cough, and of the difficulty of breathing.

Again: although many may find their graves abroad, who leave home for the restoration of health, yet many do recover if they migrate in time, and reach Madeira or the West Indies. They either allow the disease by such means to be arrested at once, or a small portion of the lungs only being lost, enough remains for the purposes of life. To what is this change to be attributed? To the removal of those exciting causes which, under other circumstances, would have kept up the irritation, viz., cold air, and cold currents.

The public have of late acquired some new and very consolatory ideas as to the nature of consumption. When attacked by this disease, they no longer despair, as formerly. They have hopes of permanent cure. If this fail, they know that their lives may be prolonged to an indefinite period, for they are now aware that the flame may be kept up by half a lung, or by two lobes out of three, or three out of five, and then they may catch a very severe cold, which will cure them radically. I do not deny the truth of all these positions. I would do every thing to encourage the gasping patient in his belief of a cure, but I would admonish him,

as I would the hitherto unattacked, but predisposed individual, to *beware of cold*, and to *cherish warmth*. An inflammation supervening in form of catarrh, may, by its adhesive processes, form a barrier between the sound and the diseased part of the lungs, preventing, thus, the contamination of the former, and we have to thank Laennec for the discovery of that fact. But would any practical man wantonly expose a tuberculated lung, or an irritated mucous membrane, to atmospheric cold, with the hope of finding the operation remedial? Certainly not. I have met with cases of patients spitting blood and matter, who, by shutting themselves up in one room, as soon as the equinoctial gales began to blow, and remaining willing prisoners until the month of May, avoided all exciting causes, and so protracted their existence for years. I have sent equivocal cases to warm climates, where the patients have existed, in comparative comfort. And who has not met with such occurrences in his practice? What ghost need tell us of the consequence? But something more than a ghost is necessary to impress upon people's minds that exposure to drafts, negligence in clothing, and want of *thermal comfort* in chambers, do engender catarrhs, and that these tend to ripen dormant tubercles, to wear out mucous membranes, and to lay the foundation of many diseases of which flesh is made an heir.

Seeing, therefore, what the causes are which engender and hasten the progress of phthisis, seeing that this disease is, in a certain degree, to be palliated, and perhaps even cured, it becomes ne-

cessary to seek for those artificial means, which may be under our control.

The basis of all these is *warmth*. The means of procuring it are sometimes difficult, but in many cases practicable. The great desideratum is to avoid the exciting causes, and where those cannot be averted, to mitigate them, as much as possible.

It is proved by the bills of mortality that one-fifth of the population dies of the consumption in the British isles, whereas the deaths in northern latitudes are infinitely fewer from that disease.

Whence this anomaly, that cold,—being, as we believe it to be, the great exciting cause of such maladies,—should have so little influence upon human life where it prevails in so great a degree? The secret is to be found in the fact, that cold in the northern realms, spends its fury upon vegetable life and inanimate matter, so that only certain species of plants can resist its influence.

That animal life would as soon perish is equally evident, but animal life is not exposed to it. The bear, covered by his non-conducting and impenetrable fur, covers himself up under warm leaves, the hare buries himself in the snow, the wolf finds holes, and the fox procures dens; and domestic animals, and those which are necessary to man, are provided with warm habitations. The *human species* is protected by the clothing which once protected the animal from the same influence. It is not correct to suppose that the Laplander and the Samoide are impervious to cold, or become accustomed to it. That is an error. They are more

susceptible of cold than the inhabitants of more temperate zones; but they do not expose themselves to it. This circumstance surprises strangers during their first winter's residence in Russia. They are astonished to find the natives enveloping themselves in warm clothing at the commencement of autumn, when their own moderately warm dress proves quite sufficient for *them*. What astonished them at the commencement, ceases to do so in time. As they sojourn longer in the climate they feel the cold less,—inasmuch, only, as they are better provided against it. They do not get accustomed to the *cold*, but to the *custom of the natives*, who never brave it but by dire necessity. It was not absolute cold, which destroyed the French army. It was retreat, discomfiture, hunger, fatigue, discouragement, and total absence of every comfort. The soldiers of Gustavus Adolphus resisted the winter's cold in the thirty years' war, because they were warmly clad, and were victorious. The soldiers of Napoleon ultimately perished from cold itself, and hunger, because they were unprovided against them, and they had not the resisting stimulus of victory to guarantee them against the effects of physical wants. Let the soldier rob the sheep of his skin, fashion it into a pelisse, let him take as much from the bear as will make him a cap, to cover his head and ears, and the back of his neck, put double soles to his long boots, and line them with fur, and he will never perish from cold alone, between the Neva and the Niemen; for having done all this, he has accomplished no more than does every

peasant who resists the cold---from no constitutional animal power, but from artificial protection against its influence. So armed, he may bivouack, night after night, with impunity, provided that he have sufficient means of sustenance, and labour not under the influence of depressing moral causes.

Such is the peasant's external condition. Follow him into his dwelling, and see how that is constructed.

A log hut, made of entire trees, the corners dove-tailed into each other, the spaces between the balks filled up with moss or oakum (caulked,) no breath of air can penetrate the room, for its boundaries present no crevices. His door shuts close, his window frames are double, two feet by three, the glass, or oiled paper, fixed in. In the corner of his room is a stove, whose chimney finds exit through the roof, no wide open space to allow of heat to ascend, and cause a continual draft of air. His hut is insupportable to those who are unaccustomed to such indoor temperature. The flies, congregated in some corner, hang down like a swarm of bees, happy and buzzing in *the winter season*. He himself lies prostrate on his stove, which serves him for a bedstead. This man is a rare subject for consumption. Still, I repeat, it is not the man who resists the cold. It is the man's clothing, it is the provision he makes against the cold. Herein lies the proof: Remove him from his sphere of life, put him into livery, let him remain for hours behind a carriage in the winter season; let him imprudently traverse the courtyards without

his hat, and with no clothing beyond what he wears in the warm halls, and then what awaits him? Pleurisy, dropsy, slow death.

Ascending higher in the scale, how does the man in easy circumstances sustain the cold? By opposing to it its fell antagonist, *warmth*,—not himself; he knows better. You enter his chamber. “How warm your rooms are, Ivan Ivanowitch.” “Slava Bogu Gospadin”—*Heat breaks no bones*.^{*} You dare not, as in England, enter his parlour with a great coat upon your back. That would be a woful offence,—a reflection upon him,—as much as to say, “You have economised your fuel; you have not heated your stoves.” Such conduct would be an absolute misdemeanor. On quitting his rooms, he does not leave warmth behind him. He conveys it about with him, close confined, in a fur pelisse, whose non-conducting qualities will neither suffer animal heat to escape from within, nor cold to penetrate from without. These precautions are not regulated by whim or pleasure. They are peremptory.

But take the English resident, that the contrast between his habits in Russia and in England may be more complete. How does he clothe himself?—a great coat, such as is worn in England, serves as a walking accompaniment in the autumn. This is soon changed for a warmer P jacket, which, in damp cold weather, is preferable to furs. As the cold increases, and the atmosphere is dry, he changes

* A Russian proverb.

this jacket for a great coat lined with sable, as a walking dress; and, lastly, for severe cold, and when obliged to move in a sledge, an immense wrapper, lined with fur, envelops the whole body. His feet are always shod in clogs, and a wadded cap covers head and ears. Thus armed, *cap-a-pied*, no cold can injure him. It is not a matter of choice, but necessity. It is not optional, whether he put on this warm clothing; it is imperative. The consequences of omitting to do so are not conjectural, but positive. Turn to his dwelling; review it in detail:—Double doors protect the ante-room from the cold air of the staircase. Upon entering, a sensation of hot-house heat is experienced, for this room is kept warmer than the other chambers. Once in the interior of the house, no perceptible difference is to be found in any of the rooms. Caloric has diffused itself equably through all of them. Whether it be in the dining, or in the drawing-room, or in the bed-chamber, or on the staircase by which you reach it, (when not upon the same flat,) you move in the same equable temperature. Double windows, fitted close into immensely thick walls, exclude the external air. The rooms are warmed by stoves, which are so constructed as to waste none of their caloric with the smoke, which makes its exit through a narrow chimney opening. Some innovations have lately taken place in this particular: English grates have been substituted for stoves in the parlours of many houses, which they warm sufficiently, and have the

peculiar advantage over stoves, that the air of the chamber is more fresh and pure. But then these are *inner* rooms, and those which surround them,—the halls, the corridors, the staircases,—are heated by stoves. The bed-room offers this striking contrast to the English dormitory, that it is warmer in winter than in summer. Not chilled with cold, stripping off his clothes with all possible speed, does the inhabitant of St. Petersburg jump into his bed and bury himself under an enormous weight of blankets, to get out of the cold stage. He undresses himself leisurely, and is warm enough under a common quilt and a single blanket. He does not dread that most awful of all moments, when he must leave a warm bed, with his teeth chattering in his head as he emerges into a frost-chilled room from out his close-drawn curtains. No warming-pan, lackered and shining, is seen suspended near his kitchen fire-place. He is not troubled with a species of barking, which may be denominated the *bed-room cough*, characteristic of an English house, so audible when the transit is made from the face-scorching fire-place to the cold freezing dormitory. In each room of a Russian house is placed a thermometer, by which the heat is regulated. If it be oppressive, a ventilator soon reduces the temperature. If the apartment be too cold, more fuel is thrust into the stove. These, then, are the means employed by the natives against the cold of their climate, and they are sufficiently efficacious to prevent its pernicious effects, and such are, I believe,

the real causes of their escaping the many pectoral complaints which are prevalent in more temperate zones.

If it be inquired whether the climate in itself be not a sufficient guarantee, owing to the steadiness of its temperature, it may be answered that no city in Europe is more subject to variations of temperature than St. Petersburg. Situated in a morass, and exposed to sea and land breezes, sheltered by no surrounding hills, it is subjected to continual currents of air; and such are the variations in its temperature, that the thermometer will sometimes fall twenty degrees in as many hours. The man who makes excursions in the neighbourhood may leave the city in the morning, wrapped up in warm furs, and enter it again at night, dripping with rain, and *vice versa*; and I should say that were it not for the provision made against cold in every shape, the climate of St. Petersburg would be the last which I should select for a phthisical patient.

The inhabitants of cold latitudes are not impervious to cold; they do not brave it with impunity; it is fatal to animal existence, and produces exhaustion of the vital powers. Strangers, arriving from temperate regions, do not get accustomed, or inured, to the cold: nay, the longer they remain in the northern latitudes, the more sensitive they become of its influence. They resist it better on their arrival than subsequently, because they bring health, vigor, and a stock of caloric with them. They become finally reconciled, not to the cold or the climate, but to the habits of the natives. They become,

like the natives themselves, sensitive, chilly, very susceptible of cold, and they adopt all those measures which experience has proved to be necessary for providing against it. Hence, after sojourning in northern, and returning to southern latitudes, they feel the cold most bitterly in winter: they find that, although they have quitted a cold climate, they have left warm houses also. The following may be taken, as a model of a letter from an Englishman, who has spent a winter in his own country, to his friends at St. Petersburg, in which city he had resided for some years:

"I have been confined to my room by an obstinate cough, an inconvenience to which I was always subject in the winter season when I resided in England, but which I escaped during the whole time of my residence in St. Petersburg. I had no idea I should suffer so much from the cold. Yet it is not from external cold, for I took the precaution of bringing my Russian furs with me. This was quite unnecessary; for after all the trouble which I had with them, I find that I cannot wear them here.— I do not understand the reason of this apparent anomaly, for I have a thermometer in my window, and find that the same degree of cold here is much more supportable than in St. Petersburg. I should not have dared to venture out without a pelisse in Russia, where I find a P jacket quite sufficient here to keep me warm. It is certain that eight degrees of Reaumur, in London, are more supportable than two degrees in the imperial city. It is, however, of the indoor cold that I have to complain so bitterly,

for indoor warmth is a phenomenon only to be found in such houses as are provided with stoves in the ante room, and double windows, of which comforts, alas, I have had no experience since I left Russia.

“I am afraid that you will hardly be able to read this scrawl, for I am writing to you in my bed-room, which is about the same temperature as your ice-cellars. The water is literally frozen in my jug, and I cannot see out of my windows, which are like ground glass; and I amuse myself when in bed, where, by means of three blankets and a thick quilt, I keep myself moderately warm, with trying to recognize the different species of plants drawn by Jack Frost upon the window-panes. Indeed, I am unfortunate in my dormitory, for, being Christmas time, and the house full of guests, I am lodged in one of the coldest rooms in it. It is enough to try one's temper to hear, as I do, when I complain of cold, that ‘It is not so cold as in Russia’—that ‘surely I ought to bear the cold better here than those who have never been exposed to severe cold’—that ‘people do not die of cold in the streets, that their beards are not frozen, that they do not loose their noses by frost, as in Russia;’ and then I am told, sarcastically, that I am ‘no Russian,’ for ‘I cannot bear the cold.’ When I come down to breakfast, with blue hands and swollen fingers, I am offered the slop-basin to dip them in. I limp as I walk,—‘You have chilblains, I suppose; they are common winter guests; how dreadful you must suffer from them in Russia!’ Yet I never heard of them, or certainly never suffered from them, during

ten years that I sojourned there. ‘What, no chilblains in Russia, where people lose their fingers and toes by cold, as we are informed upon the best authority?’ It is useless to say any thing to the contrary, they will not believe me. Baron Munchausen would meet with more credit were he to assert again, that the cold was so great in Russia that the sounds froze in his trumpet.

“What are most annoying to me are, the constant drafts which prevail in English houses. Every gust of wind makes the casement rattle; and if the rain pelts against the windows, it penetrates through the sashes, and runs down upon the window-seat. The sashes being constructed to let up and down by lead pulleys, it is impossible that they should fit close. I wish that Corporal Trim had robbed them of all their leads, when he wanted bullets to carry on the siege of Dendermont.

“The drafts from the windows are dreadful. Thus you hear of cricks in the neck from sitting on the window-seat. It is not from above, alone, that these drafts prevail, although constant puffs of smoke do unceremoniously make their *entree*. The legs and feet are also exposed to a cold air-bath from drafts which come under the doors, and which make the carpet, if it be not fastened by nails, dance up and down. The drawing-rooms are somewhat more comfortable; but then, when a party breaks up for the night, it is cruel to mount two pair of stairs to go to a miserably cold bedroom. The gusts of wind in ascending the stairs are sufficient to blow out the candle. Then, if

there be no warming-pan, the dread of the cold ague fit which awaits you between clean fresh mangled sheets, is ever before your thoughts at night. When once warm in bed, I cannot imagine how it is that human nature can muster up courage enough to leave it, considering what awaits it upon doing so, as when you hear the rap at the chamber door in the morning, 'Your shaving water, sir,' and you must get out of bed to take it from the intruding hand. How is it, that in spite of all this, I see so many rosy faces, such colour, such health? It is all attributable to 'fresh air and cold water.'

"But then, poor Amelia, where is she? Since the commencement of the cold weather her cough is much increased, and I fear that she will share the fate of her sister and younger brother. She feels every change of temperature, and can indicate almost the degree of cold by the effect it has upon her lungs. I shall persuade her friends to try a winter in St. Petersburg, and the effects of Russian warm rooms. If my cough does not get better soon, I shall myself return, for I cannot stand the cold of this climate."

I need only mention the invention of the respirator, to prove that the attention of the public has been of late directed to the prejudicial influence of cold air upon delicate lungs and the organs of voice. This shield has met with protection and recommendation from the scientific members of the profession, and that it may be used even within doors advantageously, is, I think, admissible. A delicate fe-

male, labouring under cough, which is aggravated by every external impression of cold, should not make her transit from the fire-side through a cold, damp hall, and ascend a flight of cold stairs, without its accompaniment.

The introduction of double windows is certainly one of the most essential points towards securing an equable temperature in chambers. It constitutes a desideratum in English houses, but as it can be effected only in few instances, and as double windows must be the portion of the affluent, so I would simply suggest that the *single* windows in all houses should be made *air-tight*, and that the casements should not rock, as many of them do. This, particularly with respect to the bed-room windows, for that is the purgatory of an English house. The windows in the bed-room of an invalid should be made air-tight, by good carpenter's work, but where old casements rattle they should be made steady by a nail or two driven into the sides of the sash, and then paper should be pasted or glued all around, so as to prevent any wind from coming in at the sides. The sash must be provided with a little door, which may be opened at pleasure, when the room is arranged in the morning, but not left open too long, so as to reduce the temperature too low.

Here, I am well aware, I have to contend with the strong and general national prejudices of a cleanly people. There is "nothing like fresh air." If the room have a close smell, the windows are opened until the apartment gets down to the freez-

ing point, and much below it, and then it “smells wholesome.” That is true ; but still it is death to tender lungs, and many a soul is sent to its long home by the currents of air in an English house. The expressions of natives may be bandied about, for there is truth in them. “Your rooms have a close, musty, sickly smell,” says the English traveller in St. Petersburg. “On est toujours dans un air coulan,” said a lady to me who had passed two years in London and Edinburgh. The *juste milieu* so difficult to be accomplished in the political world, may be found in the physical ; and as foreigners in Russia do not sacrifice all their old habits, but blend them with those of the natives, so I think the same may be done in England with very great advantage ; and in this respect attention to the window-frames is of the first importance. The Russian rooms are provided with stoves, but these are not necessary. A well-built fire-place, which throws the heat into the room, and allows only the smoke to go up the chimney,—not one of the old-fashioned sort, which takes in half of one side of a dining-room,—but a well-constructed, well-fitted grate, is quite sufficient to keep the apartment warm, provided that the doors and windows be airtight ; but there must be no rattling of casements, no gust of wind from under the doors, to make the carpet dance, or adieu to *comfort*. This English word, so little understood by foreigners, is not even so by ourselves, as regards either the construction of our houses or the mode of heating them. In cold weather, fires should be kept up day and

night. The secret consists in *keeping the enemy out of the house*. If he enter, it is difficult to turn him back. By well-regulated fires Russian stoves may be dispensed with. The air is more pure, too, in rooms where there are grates; and if the doors and windows be tight, there will be no draft of consequence. The room which requires the most attention, and which is always the most neglected, is *the ante-room, or hall, or long passage, or that space into which the street-door opens*. Here a warm stove is imperative. Who is not acquainted with the sound of the instantaneous, spasmodic, choking cough, which seizes the invalid in his transit from the warm parlour through the cold hall, and up the chilly staircase? This is a cruel experiment for tender lungs,—an antidote to all the good which medicine can effect. Here is the comfort of a day destroyed in a few seconds, and a night of cough and uneasiness ensues which might be avoided. It is in this respect that Russian houses are so preferable. *The hall* is the warmest of all the apartments, for it is the most heated, in order to defy the admission of the greatest cold. How is this to be accomplished in English houses? It is not easy to alter their construction. A stove will, however, warm the ante-room, and it might be so constructed as to allow of a long chimney, which could be carried along the wall and up the staircase. The wealthy only can accomplish these comforts, but by so doing they may remain more securely at home than by seeking warmth under Italian skies. No houses are so ill constructed for invalids

as the English. The Scotch flats are infinitely preferable, and will allow more easily of all these improvements; but the inhabitant of an English house has to descend from the drawing room to the parlour, whence, again, to the former, thence, perhaps, mounting two flights of cold stairs, to the bed-room. Health may brook the varieties of temperature to which these operations expose us, but very delicate beings cannot, and the patient may fall a sacrifice.

In traversing from a warm apartment through cold corridors, or mounting a staircase, the invalid should be provided with a large shawl with which to envelop the head and neck. Thus protected, the bed-room may be reached without danger. If this be not so warm as is desirable, let it at least be made as warm as circumstances will admit. A warm, quilted dressing gown, is an essential part of the bed-room apparel. It should be close at hand, and lie upon the foot of the bed, so as to be slipped on before the patient has totally emerged from the couch. It should be worn during the toilet operations. The feet should be shod in slippers lined with fur or wool. This clothing, than which nothing can be warmer, guarantees the invalid against all bed room cold so far as clothing is capable of doing it. The same should be worn at night, previously to going to bed, whilst undressing. As to the cold ague fit which is produced by getting between clean mangled sheets—how is that to be avoided? The warming-pan presents the only remedy, and the use of that should never be omitted.

By a strict attention to all these matters—by warming the house throughout as effectually as possible—by avoiding all currents of air—by exposing the body as little as possible to impressions of cold, which may be effected by the use of proper clothing—and by ever bearing in mind that all affections of the lungs are aggravated by neglect of these precautions, some good may be promised to the community.

CHAPTER II.

PREVENTIVE INFLUENCE OF WARM CLOTHING.

NEXT in point of importance to chamber heat in the prevention of bronchial affections, is due attention to clothing when exposed to the open air. This subject has already been treated by Dr. Combe, and I have only to add my mite of approbation to the soundness of his views in this particular, of which I have had ample proofs in what I saw around me.

As a preservative from colds and catarrhs, clothing is of the first importance; but in a climate where the vicissitudes of temperature are so great as in England, it demands almost a study. It is not, as in northern latitudes, where this is regulated by the almanack, and where the fur is put on and laid by at about the same period of spring and winter for any number of years successively. Here, on the contrary, the morrow is seldom what the day has been, nor the night as the morning, as regards temperature. Some attention seems to have been paid to this circumstance within late years, if I may judge by the great variety of external garbs, which the shop-windows offer; and the reduction of price in all such articles, allows of a sufficient variety to be within the scope of most. This variety of apparel cannot but exert a very good in-

fluence upon invalids. A great coat is no longer the same great coat as formerly, to be worn upon all occasions, when something more than the indoor raiment was judged necessary, upon going into the open air. It was of the same weight and thickness to resist a hard frost or the autumnal evening breeze. In damp weather it was often dispensed with from the inconvenience it occasioned in promoting perspiration, when some of its warmth was absolutely necessary. Now the case is different; a light, loose, but warm coat is sufficient for ordinary cold weather, for the moderate frost of winter, or for the morning and evening chill of autumn.

These Taglionis are exceedingly pleasant to wear, and as they are light, and occupy but little compass, may be easily conveyed about when not worn on the person; and all who are delicate and subject to catarrhal affections should not venture to any distance, even in the summer months, without being provided with one of them. The evening chill is treacherous, succeeding to the scorching day; and it is this sudden transition from a high temperature to an inferior one, which is so much to be dreaded. A large silk handkerchief may be put into one of its loose pockets to tie round the neck at night; and so armed, the pre-disposed may indulge in many a summer excursion with much more safety than he would otherwise do. I am chiefly advocating in this essay the Hibernian method of treating complaints, viz. the preventive one.

As the autumn advances, the clothing must be of a warmer kind, at least, such should be in readi-

ness ; and here I should recommend the old form of great coat, made of thick cloth, and reaching down to the ancles, rather than the short P jackets, which allow the cold winds to blow upon the knees, and give rise to rheumatic affections of these parts.

Clothes should never be made to fit too tight ; a mistake regarding warmth, which is sometimes committed ; moderately loose garments are much warmer than those which fit closely to the body ; for then the circulation is impeded, and caloric is not generated in the same ratio : on the contrary, the animal heat is not so soon dissipated when there is a stratum of warm air between the body and the external garment. A loose mantle is warmer than a tight-fitting coat, though both may be made of the same materials. Great attention should be paid to the shoeing. It is indispensable to keep the feet warm and protected from external moisture. Clogs are necessary in damp weather, but they should only be worn out of doors. Those who frequent the theatres and places of public amusement, should put them off during the time they are within the walls of the playhouse, the concert, or the lecture-room ; for in the same ratio that they keep out external moisture, they prevent internal from escaping, and then the feet become damp from their own exudation ; and it is a desideratum that the feet should be as dry as possible ; and in dry weather and after long walks, when general perspiration has been excited, the stockings should be always changed upon returning to the house. Bathing the feet with vinegar and water

is very grateful; and if cleanliness be reckoned next to godliness, it is never more worthy of such a rank, than as regards its influence on health.

We do not at all comprehend the position of the talented author of the "Original," who in his essays on the attainment of high health, arrives at that pitch that the body cleanses itself of all impurities without the aid of ablution.

We have never seen anything approximating to such a state, nor should we desire to be much in the company of those who imagined that they had attained to it in their own persons, especially if they acted upon the supposition.

Such being the necessary requisites for protection against the weather, when exposed to its influence in the open air, as regards additional clothing, it may merely be premised that flannel next the skin, in shape of waistcoat and drawers, should be worn at all times in the autumn and winter, and far into the spring. There are several kinds of fleecy hosiery, as there are of great coats, and these may be adapted to different seasons. The lighter kind should be worn in the autumn and spring, and the thicker flannel in winter.

As regards the chest, a very light kind of woollen waistcoat should not be dispensed with even in the dog days; a cotton jacket may be substituted in very hot weather, but something more than the common shirt is necessary to absorb the moisture generated by heat, which, remaining unabsorbed upon the cooling of the body, generates cold by evaporation, particularly upon exposure to a draft of air, and this is prejudicial to tender lungs.

It is a habit with many to wear their flannels in bed, which is by no means advisable unless under circumstances where chamber warmth cannot be commanded, and even then it is better to heap additional covers on the bed, than to wear flannel next the skin at night. It loses half its daily advantage by this nocturnal use, and unless where there is confirmed disease and risk of accession of cold from partial removal of the bed-clothes during sleep, it should always be dispensed with. The body rises more refreshed and more invigorated from having been enveloped with linen than when cased in flannel for so many hours successively. It is a more comfortable sensation to sponge the chest with vinegar and water, and then put on a dry flannel-jacket, than to take a damp one off and put it on again, for there is a class whose means are not ample enough to command a large wardrobe nor permit of daily changes.

It is of more importance to keep the feet warm, and woollen socks should be worn during the night, where there is a tendency to cold feet in the severer seasons. Invalids often complain of being kept awake and suffering actual pain from cold feet, and nothing can be more injurious than the effects of such abstraction of warmth to delicate people. Warm socks or full length woollen stockings should be always worn in such cases.

If there is no tendency to cold feet, they may be dispensed with and advantageously ; for it is conducive to good health that the body should, during sleep, be freed from all unnecessary confinement in shape of tight clothing or bandages.

CHAPTER III.

REMEDIAL INFLUENCE OF WARMTH.

It has been our object to direct the attention of the delicate, and such as are predisposed to pulmonary disorders, to avoid such causes as may tend to call dormant disease into action or to hasten its progress; and the most stress has been laid to this effect upon what we have designated Thermal Comfort.

We must not be understood to signify, that where tubercular phthisis does really exist, that confinement to warm chambers will be sufficient to cure it, or wholly arrest its progress.

We have seen the experiment fail, and cannot recommend total exclusion from atmospheric air in the treatment of these disorders. This is by no means necessary, nor is it attended with any good consequences; for the inhalation of pure air even at a temperature below that in which the patient has been vegetating, is in no wise prejudicial, provided that the body be protected by warm clothing from the influence of a general chill. It is a cruel and often useless experiment to confine a patient to his room for months together, when a mild day invites to taste the air, of which a few gulps would be most beneficial.

The system of bleeding, starving, and imprison-

ment has nearly been abandoned in these complaints, and a more generous diet and cautious exposure to a mild atmosphere have performed unexpected good in many almost hopeless cases; and it was observed long ago, that in those instances where the disease went on to a fatal termination, that this was expedited by the former method of treatment. A mild and moderately nutritious diet, with a certain allowance of fermented liquors, has often superseded with advantage a diet of asses' milk.

In weak chests, sponging with vinegar and water, even at a colder temperature than the surrounding atmosphere, is of much service. It removes from the surface any unpleasant effects of perspiration, and is followed by a gentle glow and feeling of renewed vigour. Horse exercise is also much to be recommended where the strength will admit of it, for this may be accomplished without that degree of fatigue which leads to exhaustion, and is succeeded by an agreeable sensation of warmth. Sydenham laid much stress upon the aid of horse exercise, and it was one of his quaint sayings, that in the treatment of these complaints his physician was a horse and his apothecary an ass; or that horse exercise and asses' milk were the remedies upon which he most relied.

Due attention must be paid to the state of the weather in these operations, and the clothing should be such as to guarantee from all effects of winds. In this variable climate, an additional mantle should be in readiness to protect against a shower or any sudden atmospherical change; for granting that a

catarrh has in some few instances arrested the progress of phthisis by an inflammatory process, it has more frequently hastened the catastrophe.

It is imperative, also, that due attention be paid to chamber warmth upon returning from out-door exercise, for exposure to drafts or to the cold air of a chamber in changing the apparel, when the surface is in a genial glow, must be attended with some degree of hazard, and may counteract all the good effects of the former. The patient should recline upon a couch in a warm room for an hour before he change his clothing, and fresh linen should be well aired before it be put on. It is a great object in all these cases to avoid a chill; so that if a nap should be indulged in after exercise, it should never be permitted without additional clothing being thrown over the body, so that the sensation of cold upon waking be avoided by this means. The consumptive patient must be treated like a tender exotic plant, which by great care and nursing may be made to thrive in a colder climate, but which, if neglected or exposed to night air or sudden changes of temperature, will droop and perish. Hence all the out-door exposure must be accomplished before the sun sinks below the horizon; there is almost always a sensation of chilliness at this period, when night and day are struggling for the ascendancy: even this is injurious to delicate lungs. The temptation of an evening stroll later than this period must be resisted, even in the finest season of the year. In northern latitudes this is more imperative, for the hottest days are succeeded by the

coldest nights, and none venture upon a whole day's journey in the dog days without such clothing as would seem to indicate that winter was at hand. The same holds good, though not in the same degree, in temperate regions.

The French pay much attention to this change of temperature at declining day, either by not exposing themselves to it, or by provision of raiment against it. It appears to me that no people are so little cautious in this particular as the English, and I think that colds are more general here than in any of the countries of the continent with which I am conversant. As to exposure to the morning chill before sunrise, it would be useless to make observations upon this subject. The patient should not venture out before the atmosphere has been well warmed by the sun, and never before some warm fluid has been taken into the stomach. The periods of the day for out-door exercise in temperate climates should be between the hours of ten and twelve in the morning and six and eight in the evening, in the height of summer. As the days draw in, of course the evening promenade must be regulated so as to be extended only to within half an hour of sunset. These are the periods of the day, when the least is to be apprehended from too great heat, or chill and damp from radiation from the earth's surface.

Not to risk catching cold should be the golden rule for the invalid. It is here the place to agitate the question of climate in the treatment of these disorders, and to ascertain the effects of mi-

gration as the probable means of mitigation and care. So much discrepancy exists upon this particular, that the medical man is harassed in knowing how to give an opinion, more especially with regard to Italy and the South of France.

It is not the question of a hot climate, but of an equable temperature, for in many hot climates the vicissitudes are very great. A burning day closes in with a chilly evening and a bitter cold night, as we had personal proofs when sojourning on the borders of the Black Sea, where we found that pulmonary consumption was very prevalent, and marched rapidly to a fatal issue in the town of Odessa. The same may be observed of Lisbon, where high winds prevail, and where the vicissitudes of temperature are very great.

The object of migration must be to find such a climate as will allow of the most frequent opportunities of exit from the house into the open air ; for if a patient is to be confined to his chamber as much in Nice as he would have been had he remained in Bath ; I should say, that he had gained nothing by the change. Such patients as are beyond the hope of probable recovery, should not be exposed to the fatigues of a long journey to find an atmosphere which they cannot take advantage of, and lose a hundred comforts which they might command at home. It is in predisposed and in incipient cases, where good is to be expected from temporary migration ; and from all the testimony we can collect, we should fix upon two spots as offering the most probable hopes of not disappointing

the patient in his expectations of what he understands by a fine climate. These are Valentia, in Spain, and the Island of Madeira. The former is perhaps much less known to the British than the latter, but from a host of evidence, which we collected when located ourselves under the Pyrenees, it appeared to us, that it possessed in its equable mildness, its moderate temperature, its calmness, and a certain degree of moisture from daily sunny showers, all those advantages which are sought for in these cases. We must state that a very dry air is by no means favourable to a delicate state of lungs, and patients should never be exposed to the influence of winds coming over mountains.

As regards Madeira, which, owing to the unsettled state of Spain, is more come-at-able, its climate is too well known to require any more details.

Some facts worthy of consideration have been advanced regarding the circumstances attendant upon a residence by the sea-side in these cases. It has been advanced upon good authority, derived from frequent observation, that the mixture of sea and land breezes is rapidly fatal to lungs under tuberculous suppuration. Sailors who are in this predicament feel immediately the pernicious influence of the land breezes upon approaching the shore, and recover again, or rather rally, when the ship puts off to sea. If transported upon their arrival into the interior of the country, the same effect is produced; they feel relieved from the dyspnœa, the cough, the oppression, which seized them as they approached land. It is neither the land nor the

sea breeze which is prejudicial, but the admixture of the two.

I know not if these statements, made by a distinguished American physician, have been confirmed by farther experience. It would be of consequence to ascertain the truth of this in the selection of residence in insular situations for patients who resort there. A sea-side location must be avoided. If the fact be established, it must operate in the same way at home, and the interior of the country, and such warm localities as Bath, must be preferred to the coast of Devonshire or the Isle of Wight, in winter.

To the opulent patient we recommend migration, as offering the greatest hopes of improvement, because he has the means of selecting the best climate for out-door enjoyment, and of putting his house in thermal order. This cannot be effected by those in indigent circumstances, and to send them away from home to benefit by what they may never find, as regards atmospheric advantages, and to suffer privations of all kinds, and be starved by cold in their apartments, is unjust in the extreme.

There is much remedial benefit to be obtained by the advantages of air warmed by the sun's rays, and when a patient can enjoy the advantage of breathing a balmy air without for several hours daily, and then pass the remainder in rooms, where no drafts and currents tend to undo the good which has been done, we may hope in many cases for a permanent cure, and in almost all, provided the means have been resorted to in time, for a prolongation of life and comfort to an indefinite period.

It must in all cases be a great desideratum to know, *a priori*, the precise state and condition of the lungs, that we may suit the remedy to the exigencies of the case, and decide upon the advantages or disadvantages of removal from home. If by a thorough knowledge of the morbid condition of the lungs, as afforded us by the use of the stethoscope, we could at once pronounce our fiat, it would be indeed a happy consummation.

In summing up the pros and cons, as regards migration to the South of Europe, we should have no hesitation in recommending it to the opulent, because there are more fine days, or rather hours in the days, which can be turned to account in the winter season than in most parts of Great Britain, and where horses and equipages are at command, and the houses are well protected from cold: these are no inconsiderable remedies in the treatment of these complaints.

But there are varieties of bronchial and trachial affections which depend upon irritation, and these are remediable by avoiding the exciting causes, the principal of which is the influence of cold air. By transplanting these to a warm climate the cure is almost certain, and many of the consumptive curable cases must be referred to this head.

Coughs may be protracted for months, and accompanied by all those symptoms which, to an inexperienced person, confirm the belief of galloping consumption, viz. emaciation, night sweats, appearance of hectic, and spitting of blood; and yet, in spite of all these symptoms, the lungs may be

perfectly sound in their structure. These cases occur frequently at that age when youth is struggling into manhood; and may mostly be saved by timely care; if neglected, and the causes of irritation upon which they depend be allowed to operate, disease will finally be generated, which the powers of the constitution will not be able to conquer. Many an emaciated stripling have we known in early life in this predicament, whom we have met with in after life waddling with a load of superfluous adiposea.

It is praiseworthy to cheat the doctor in such cases, but it would be better that the latter should, by a due investigation of the circumstances of the case, not allow his art to fall into disrepute by hazarding a hasty opinion.

This is of much more rare occurrence at present than heretofore, now that the study of the different affections of the lungs has engrossed so much of professional attention, and has been attended with great benefit to society. The faculty is not reproached, as formerly, with sending patients abroad merely to get rid of them, nor are others, from ignorance of their real condition, allowed to die at home, when a timely change of climate might have rescued them from the grave.

CHAPTER IV.

THE STETHESCOPE.

THE introduction of this instrument into very general practice, has been attended by much benefit to those who have paid due and unwearied attention to what is denominated mediate auscultation. To gather precise information of what is going on either by the impulse given to the ear, to ascertain the exact state of the morbid condition of viscera so essential to life, as the respiratory organs, by this species of investigation, may be looked upon as one of the greatest improvements in the modern methods of diagnosis, and a positive refutation of the oft-repeated assertion, that the science of medicine is making but little progress comparatively with other sciences.

It has been stated, and very justly so, by Dr. Billing, that the stethoscope is an instrument merely of convenience, and that all the information gained by it may be procured by juxta-position of the ear with the thorax, so that as the blades of the forceps are but a prolongation of the operator's fingers, so the tube is but a species of listening trumpet. It has so happened, however, that the artificial mode of investigation first preceded, and then brought into more general use the more natural one, for previous to the first introduction of this instrument,

the custom of mediate auscultation did not prevail. It was chiefly from the examination of excreted matter, together with attention to concomitant symptoms, that the practitioner judged of the real nature of the disease under which the lungs were labouring. This new method of investigation has led to very important results, and has placed the physician and his patient in new relations with respect to each other; but it has not always done what it has promised to do, or to speak more correctly, much more has been expected from it than it ever did promise; and the same may be said with respect to its infallibility.

Bauer has stated, that it is necessary to acquire the habit of microscopical investigation and continued and unremitting application, in order to take full advantage of what that instrument develops, and much the same observation was made to me by Laennec himself, who confessed that if he discontinued the use of the stethoscope for fourteen days successively, he was not, upon resuming it, so sure of his ear, as when he had laid it aside.

Constant practice can alone make perfect in this particular; and how is this to be obtained by the generality of practitioners, who have not the advantage of hospitals or large bodies of patients, upon whom they can prosecute their inquiries? Moreover, it appears to me, that a delicate sense of hearing, such as many do not possess, is a *sine qua non* of investigation. The susceptibility to variety of sounds is not the lot of all, and those who do possess it cannot do so at all times and under all

circumstances. A cold, accompanied with deafness, may disqualify the most expert from reaping all the benefit which is to be gained from mediate auscultation.

I have before stated, that patients have of late gained many new ideas of the physical condition of their respiratory organs, and lay unction to their souls, which they dared not do in former times. To be told that they were consumptive was once a speedy death-warrant; now, as they find the time of execution to be indefinite, it is tantamount to a species of reprieve.

The use of the stethoscope has changed all this, as Moliere's physician observed, and we can only quote the expressions, which we find so common in the mouths of patients, to prove how generally this practice prevails, and the importance attributed to it. If we are consulted for coughs, or colds, or for serious affections of the lungs, we are told almost at the outset—"We have been *sounded* by Dr. —." We must confess, that this word was not at first very intelligible to us. We have since learnt its value. Upon inquiring as to the result of this operation, we may be assured by an expression of hope increasing the hectic of the cheek whilst it is uttered, "One of the lobes of our lungs only is diseased, so that we have four more, which are sound, and with them we may live any length of time."

We hear from the same ingenuous mouths of affections of the mucous membrane, of adhesions, of congestions, of exhalations of blood from the

surface, and of varieties of unimportant symptoms, as to final results, nay, perhaps plates are presented to us in illustration of similar cases,—patients, who have lived for years with two-thirds or half of the respiratory organs disqualified from performing their functions,—all of which proves to us how much the schoolmaster has been abroad at home, whilst we were rusticating in St. Petersburgh.

Then, perhaps, to close this eventful history, some unforeseen circumstance occurs, which had not been prognosticated by the stethoscope, which for ever shakes confidence in the reputation of those, who promised too much from its diagnostic powers.

Let us take the converse of the case, not to discourage too much, but to prevent discouragement, where hope should have been held out. Many whose doom has been pronounced with more certainty than would have been done had not this auxiliary means have been called in aid, have recovered in spite of its denunciations.

Professional mistakes with respect to the termination of lung diseases have been at all times common, but perhaps the public may think them less warrantable, where those means of investigation have been employed to which they attribute more importance than is really due to them; for many look upon this procedure as infallible, and elevate the instrument to the dignity of a mariner's compass. The ear may be made of great use, as an adjunct to the eye, in the diagnosis of disease, and should certainly be employed in all cases where it can be fully depended upon; but we were pleased with the

observation of one of the most distinguished members of the British faculty, and one more consulted, perhaps, than any in the metropolis, who stated to us, that he employed the stethoscope rather to confirm his preconceived opinion of a case, than to form one by this means.

I am not disposed to disparage—nay, I must avow that I have witnessed the most brilliant feats in the field of diagnosis from a thorough acquaintance with mediate auscultation, and I believe that no practitioner stands higher in reputation of this kind than Dr. Seidlitz, of St. Petersburg, the advantage of whose superior abilities I enjoyed in consultation during my residence in that capital; but I do believe that the instrument is calculated to do harm in the hands of any but adepts; and that long study, continual practice, and certain physical qualifications, are indispensable to employing it with advantage. There are a large class of the non-idonei in the present day, as in those of the Abbot of St. Edmond's, who, as Carlyle informs us, began his reforms by taking power out of their hands.

I did know a practitioner, now no more, who told me that he owed all his professional reputation—and it was very great at that time—to the introduction of the stethoscope, for it was in the dawn of the science; and yet, as it proved, his prognosis was erroneous in his own case, and in very, very many of his patients, although he was looked upon as authority.

I have known others to take it up late in life, trusting more to the descriptions they have read of

what may be gained from its employment, than from any personal experience, and whose mistakes have been fatal to their subsequent career and even existence; so that I do not think that I can be accused of a hasty opinion, or of recommending too much caution to those who think that they may handle it with impunity. Upon one point I would insist, as regards the relation of the patient to the practitioner. In all doubtful cases, as much caution should exist in the opinion we state of the condition of the lungs, as where the instrument has not been employed.

It appears to me that a great deal more is requisite to the study of this mode of diagnosis, than is generally believed; and when I see its universal application, I am surprised, not that mistakes are frequently made, but that they are not made more frequently than they are, seeing, as I have done, that post mortem examinations have not justified such predictions as were made during life, that hopes have been held out which have not been realized.

I should say that many things are necessary to warrant a practitioner stating his opinion of the nature of the disease, its progress, its probability of duration, its curability, or its mortality, from the information alone, which this mode of procedure affords him. A mistake may be fatal to a professional man's reputation, and we can instance more than one practitioner who has been completely ruined by the great confidence in the opinions which he has unfortunately hazarded.

CHAPTER V.

PLEURISY.

ALTHOUGH I have stated that tubercular and other species of consumption are of comparatively rare occurrence in those northern latitudes, where so much attention is paid to internal temperature, yet I think it may be affirmed that inflammation of the lungs and pleuritic affections are of very frequent occurrence ; and though they may for the most part be traced to imprudence in exposing the body to great vicissitudes of heat and cold, form nevertheless a great portion of the complaints which come under medical cognizance. Inflammation of the fauces, abscesses of the tonsils, and ulcerated sore throats, are also the lot of those, especially servants, who take none of the precautions of the high or very low classes.

The sudden transit from heated apartments to cold corridors, or through court-yards, unprotected by any warm raiment, generates a host of these affections, and the fashionable season, which in these countries is confined to the most inclement one of the year, converts the houses of the nobility into temporary hospitals. The higher classes do not escape these affections, but with them they are more prevalent in the spring, when easterly winds prevail, and when the streets of St. Petersburg pre-

sent the anomaly of dust flying in the centre, a running stream one side, and a foot of solidified snow on the other. It is difficult for pedestrians to adapt their clothing to such circumstances. The heat of the sun so opens the pores as to invite the opening of the fur pelisse, whereas the transit to the northern side, or the blast of the north-easter in turning a corner, is often productive of most serious consequences.

Prevalent, and often fatal as these affections are, I think that they are more tractable, and yield sooner to the influence of medical treatment, than in our latitudes, a circumstance which I ascribe to the warmth of the apartments assisting us in our operations. The patient has the advantage of being always in an equable temperature, and it is not necessary to burden him with a heavy weight of bed-clothes. He incurs no risk in the exit from his warm bed to his chilly chamber, which circumstances may make necessary; the same precautions of wrapping him up in flannels, and other weary processes, are not so indispensable, and much trouble and fatigue are thus spared him. He steps from his bed to his bed-side, without being conscious of any change of temperature, and he is relieved from any dread of the effects of chill in these operations, the fear of which alone is not without its baneful influence.

I conceive also that the absence of bed-curtains is another advantage, which the equable temperature of a large bed-room permits. Much noxious air, which is prejudicial to the lungs, is confined

within the close-drawn dimities of a four-post English bed ; and although the foreigner's room, as a whole, may not boast of much freshness, yet that offensive sickly smell does not attach itself to the bed-side of the invalid which is found to prevail under other arrangements. It is moreover possible to remove the patient into another room, where both are of equable temperature, so as to admit the foul air to escape and fresh air to occupy its place, into which he may again be removed as soon as the apartment has regained its proper degree of heat ; for great as the difference may be between freshness and closeness, there is as much also between impure and heated air. It requires a deal of care, and much additional trouble, to keep an English bed-room of an equable temperature during the whole twenty-four hours. The servants or nurses will take a nap after long watching, and towards morning the fire does go out. A sensation of chilliness is often felt by the patient at this period. If he has been fortunate enough to have dozed, he awakes with a sensation of cold, and asks for more clothes upon his bed. This uneasy feeling may be increased by the absence of warmth, may generate evil forebodings as to the progress of his complaint, and all understand the value of avoiding an excess of mental depression in the treatment of disease.

In the general treatment of these complaints, I have little to offer that is not applicable to them in other latitudes. As regards bleeding, with which it is impossible wholly to dispense, I do not think that very large bleedings are beneficial. I have

seldom taken away more than fourteen ounces of blood at one bleeding, preferring to repeat the operation two or three times to prostrating the powers at one blow. We have always a very long convalescence to deal with, and patients do not support the same loss of blood with the same impunity, nor does the system rally as in milder climates—for here I should say, that the same causes which operated in facilitating the primary treatment of the disease, contribute in no small degree to prolong the convalescence. The very great disparity which exists between the warmth of the apartment and that of the external atmosphere, renders it necessary to keep the patient a prisoner to his room much longer than under other circumstances; hence the functions are not so readily restored to their normal state. Sleep does not return—digestion is enfeebled—appetite is necessarily wanting, and consequently the muscular power is much longer in regaining its tone. It is positive, that a patient attacked with a serious disease at the commencement of winter, will not feel wholly himself again till the following spring, a circumstance which I attribute to the want of that grand restorative, the influence of atmospheric air. Still the warmth of apartments being, as I conceive it to be, very influential in the treatment of these complaints, it should be accomplished, as far as possible in this climate, and which thus allowing of a speedier exit from the bed-room to the open air, two desideratums would thus be combined, to the patients' advantage.

In the medical treatment of pleurisy, and sub-

acute inflammation of the lungs, and congestions of the mucous membrane, I have availed myself very satisfactorily of a German remedy, which is almost universally employed in such cases, viz. the muriate of ammonia.

In English practice it has generally been confined to external use, whereas it is employed by the Germans in a great variety of internal complaints. It usurps the place of the nitrate of potash in British practice. Its employment is confined to sub-acute affections, congestive states of the mucous membrane of the bronchia, and in chronic affections of the serous membrane; where inflammation runs very high, the nitrate of potash and soda are preferred. It has no very decided action on the system, although it sometimes stimulates the kidneys; but it is considered to be deobstruent, and to unload the vessels gradually, so that convalescence is achieved without any critical evacuation. It relieves thirst, and the tongue gets unloaded under its use. It has certainly a decided action on the mucous membrane generally, and is useful in old coughs, accompanied by gastric derangement.

I was loth to employ it when I first commenced practice in St. Petersburg, but the good recommendation of my German colleagues overcame my scruples, and during the last ten years of my sojourn among them, I prescribed it most freely, and have reason to speak most highly of it. I never failed to use it in the many cases which that climate affords of such affections as are benefited by it.

Its combination with the tartrate of antimony, in a solution of extract of liquorice, is a valuable prescription. The following is the form usually employed.

R. Ammoniaë mur 1drachm.
Ext. glycyrrhiz, 3 drachms.
Antim. tartar, 2 grains.
Aquæ distil. 8 ounces.

A large tablespoonful of this mixture is administered every two hours. The antimony forms no inconsiderable part in the operation. When its nauseating effects have made sufficient impression upon the disease, it may be withdrawn, and the muriate continued by itself. In many cases the latter is only administered.

Stomach coughs are greatly benefited by it; where the tongue is loaded, it cleans rapidly under its use. A variety of affections of the mucous membrane, sore throats, enlarged tonsils, relaxation of the uvula, &c., feel its influence.

In acute inflammatory affections of the lungs and pleura, it is not employed by the Germans. Its field of action is confined to sub-acute and chronic complaints.

The nitrate of soda is preferred by the Germans to the nitrate of potash in the more acute forms of disease. It is said to be more decidedly antiphlogistic than the latter, but I have not had sufficient evidence of its superiority, and cannot speak so decidedly of it as of the muriate of ammonia, from my own experience.

I may mention, though perhaps not quite in its

place here, that as regards diet in all cases of fever and inflammation, the Germans will not allow a drop of milk to be taken, not even as much as to change the colour of the tea. This is the most deep-rooted prejudice which I have met with in foreign practice. The mixture of milk with the blood is supposed to aggravate fever, and puerperal fever and mania are attributed to its absorption into the blood.

Barley-water and sub-acid drinks are administered in smaller quantities than are permitted in British practice. It is desirable to give the digestive organs as little to do as possible. Bread is strictly forbidden, indeed the starving system is maintained heroically till full convalescence takes place. Animal food is allowed very sparingly in the commencement, and a delicacy which we are almost ignorant of in this country paves the way to stronger fare ;—I allude to fish broth. Fresh-water fish, and especially the stone perch, is the favourite, but the common perch is also used. This is boiled with some vegetables, and the liquor alone is permitted in tea-cup portions ; as the patient progresses, the fish, of which the soup is made, is allowed to be eaten in small quantities ; from this to veal and chicken broth, and so on to stronger animal food, and milk with the tea.

It is positive that convalescence is protracted to a longer period under such treatment than it might in some cases be under a more generous diet ; but I should also say that relapses are not so frequent, and that a sufficient degree of caution regarding di-

et is not so imperatively insisted upon in British practice as it should be. We often find patients whom we no longer considered as such, become so again by imprudence in diet. Extremes are always bad, and bring most things into disrepute.

The following case will illustrate the disadvantage of a too rigid abstinence in convalescence from a pleuritic affection. It occurred in the case of an admiral in the Russian service, whom I was requested to see, as he was not satisfied with his slow progress towards health. He had been very judiciously treated in the first instance, but when his disease was conquered he did not get any sleep, his appetite did not return, his tongue was furred, his head had a sensation of emptiness, his pulse was quick, but feeble, and his skin hot, and he was restless in mind and body. All these symptoms were supposed to indicate the existence of fever, and he was kept on the lowest diet, and was still taking saline medicines.

I saw him for the first time towards evening, and advised him to take a full tumbler of English bottled porter. This coincided with his own ideas, and, in spite of the greatest opposition from his medical attendant, the draught was taken. He slept eight hours successively, awoke with a cool skin and reduced pulse, his head-ache was gone; and bark, porter, and wine, with animal food, restored him to health in a few days.

My colleague consoled himself under the idea that it was only an Englishman who could stand such treatment.

A combination of herbs known under the designation of Species Pectoral, are much in vogue, serving as a menstruum in which to exhibit stronger remedies, and even, in slight cases of catarrh, administered *per se*. The petals of the Violet, the Marrubium, the Tussilago, the Althea officinalis, the Borago, form the chief ingredients of which tea is made, and administered in a tepid state freely : and inefficacious as the constituents may seem to be, I have reason to speak well of their effects.

For slight affections, coming under the designation of colds and coughs, particularly with children where mucous secretions abound, the following syrup is in very great and deserved repute :

R. Syrup altheæ 2 ounces.

Vini antimon. 2 drachms.

A teaspoonful or two of this given every hour or two, as exigencies demand, relieves the mucous membrane very effectually ; where there is no fear of inflammation, and the cough is troublesome, a small proportion of syrup of poppies may be added to it.

There is a form for the syrup of ipecacuanha in the Berlin pharmacopœia which I have found very useful in such cases, and which I prefer even to the above, in promoting expectoration both in infants and adults.

The coughs and colds so prevalent at the commencement of winter may be mitigated by the following combination in all countries :

R. Syrup ipecacuanhæ,

Syrup papaver alb. of each one ounce.

A teaspoonful of this syrup, taken frequently in a cup of the pectoral tea above-mentioned, is not unworthy of its reputation. The ipecacuanha is less nauseating than the antimony, and can be borne by the stomach without inverting its motion.

In more aggravated cases, where the cough is loud and distressing, with little expectoration, and dryness of the skin, the following combination is in favour :

R. Tinct. digitalis,
Liquor antimon. tart.
Aq. lauro-ceras, of each one ounce.

From thirty to forty drops administered four or five times daily in pectoral tea.

In the treatment of all inflammations, acute or sub-acute, of the mucous membranes of the lungs, the Germans adopt the plan of the French school in persisting against acting upon the alimentary canal by means of purgatives. It is impossible to overcome this prejudice. It has ever been the greatest bone of contention which I have had to pick with my continental colleagues. Nothing beyond emptying the rectum by means of a lavement is countenanced by them. They consider purgatives as irritating remedies, and employ them in no affections of the mucous membrane, neither at the commencement nor during the progress of the complaint. In this respect if I made no converts, I did not become converted myself, believing, from sufficient observation, that free purging at the commencement of catarrh often changes its character, and renders after-treatment comparatively easy.

Counter-irritation is much esteemed ; the use of the tartar emetic ointment is very general, and most efficacious. A severe but effectual mode of applying it is in the form of a plaster. A drachm of it, mixed with a sufficient quantity of Burgundy pitch, is spread upon leather, and applied between the shoulders, or upon the sternum. It holds fast, and the irritation which it produces is almost intolerable. It is difficult to remove it, when the patience of its endurance is exhausted, without tearing away the skin to which it adheres. It sometimes removes itself by the suppuration produced underneath. I have often witnessed cavities as large as those produced by the small-pox pustule, and not unlike them in appearance. The Germans have a variety of other plasters, less severe in their operation, which they freely apply. They adhere much in their nomenclature to old habits, and denominate their remedies by the names of the inventors, so that it is a study to become acquainted with their composition. Schaffhausen's plaster, Mensichtus's, &c., are among the most approved.

An ointment much used, but from which I have never seen any benefit, nor do I believe that it possesses any virtue, unless in the hands of infinitesimal practitioners, is the unguentum digitalis. It is employed with the view of lowering arterial action ; but, as the drug is administered internally at the same time, the *post hoc* and *propter hoc* are equivocal as regards the external application.

Uction with hog's lard has been much used lately as a remedy in pleuritic affections, and in incipi-

ent phtysis, and has been much eulogized by some members of the profession. It can exert no specific action, and little more can be expected from it than what is to be obtained by the use of mild plasters, by which heat is retained and the parts are rendered impervious to the impression of external cold.

AQUA LAURO-CERASI.

This preparation is in much and deserved esteem in Germany. I am surprised to find it so rarely employed by London practitioners; it is highly serviceable in spasmodic affections, and is what the French style *calmant* in the most extensive signification of the term. It is prussic acid *drawn mild*, but it is considered to be more available, and, indeed, is almost used to the exclusion of it by continental practitioners. It is a safer preparation; the dose may be increased from ten to sixty drops, and a patient may be trusted with a phial of it.—There is a great advantage in administering certain remedies, *per se*; by diffusing them in mixtures made palatable by syrup, &c., decompositions take place, as, for example, chlorine water, which is decomposed by sugar.

The druggists in St. Petersburg are compelled to retail all medicines which are poisonous in small doses in *dark blue bottles*, and all the labels are of the same coloured paper. A piece of paper upon which is printed "*for external use*," is pasted upon the foot of the phials containing liniments, lotions,

&c. This is a very sensible plan, and worthy of imitation.

The aqua lauro-cerasi deserves a trial. It is most useful in spasmodic affections of the stomach, in hypochondriac uneasiness, in hysteria, combined with pain about the uterus. Some mental affections from over excitement are much relieved by it; I have found it very useful in calming the pain arising from the passage of inspissated bile, and small biliary calculi. Whether all these effects are to be derived from the hydrocyanic acid I have not sufficient experience: if they are equally certain, I still prefer the aqua lauro-ceras as a more available remedy, which may be administered *per se*.

TINCT. DIGITALIS ÆTHER.

This is a very useful preparation, and a convenient mode of administering the remedy. The leaves of the foxglove are macerated in æther in lieu of rectified spirit. The nauseating properties of the digitalis are counteracted by the stimulant power of the menstruum, and in cases of serous effusion, where it is desirable to increase the action of the absorbents and to determine to the kidneys, this preparation seems to combine these advantages, without the nausea and exhaustion which frequently accompany the use of the simple tincture. From five to twenty drops is its range of dose.

German therapeutics hold a middle rank of action between the French and the English, being more energetic than the former, and less so than the

latter. The Germans boast of a simplicity of prescription, and have a horror of contrarieties, carrying this to a beautiful nicety and an unmeaning orthodoxy. Thus a solution of sulphate of magnesia in an infusion of roses, or the combination of a laxative with an astringent, meets with the severest criticism from those who profess as much abhorrence of a *contresens* in prescription as nature does of a vacuum.

There is much to commend in simplicity of prescription, and the multifarious ingredients which formerly entered into the British recipe have not undeservedly merited the stigma of *farrago* applied to the latter by continental practitioners. Dr. Paris long since pointed out the error, and has done much to rectify it. The study of pharmaceutic chemistry and the superior education of the general practitioner of modern days, have almost accomplished this desideratum; still we do meet with combinations of materials which would be better for a little sifting.

Unless in form of decoctions, which contain certainly the essence of a large proportion of the vegetable kingdom, and are favourite remedies, a German prescription rarely boasts otherwise of more than two or three ingredients. Nothing is considered to be inert unless it be distilled water; and if active remedies are administered in a variety of other menstrua, the latter are not chosen indifferently, but with a specific view, and to perform a part in the operation of the whole. One carminative water cannot be substituted with impunity for

another, it being granted that each has a specific action on the system

In respect to the influence of minute doses, the Germans countenance the practice of homœopaths. Their ideas (well or ill founded as they may be) of infinitesimal doses are illustrated in the preparation of a decoction, much esteemed for the cure of eruptions which disfigure female beauty, and which is administered freely in the spring. It is composed of sarsaparilla, dulcamara, tops of the pine, beet-root, buds of the beech tree, &c.; but the most active ingredient is a small piece of glass of antimony tied up in a muslin bag, and boiled for a limited time only in the decoction, which is supposed to be impregnated by it, although it may have lost no weight in the operation.

THE END.



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